IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

| For office use only | | | | | |
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| eceipt of the gift or bequest. | 38 60 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | |
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| DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST | w ⊕X ^t | |
| Clarinda Correctional Facility Name of Department or Office 2000 N.16th Street Clari | inda IA 51632 7, State, Zip Code | |
| meredith.baker@iowa.gov Email Address | 712-542-6107 Area Code & Telephone Number (if different from above) | |
| Anthony Bertolone Name Mailing Address City, State, Zip Code Area Code & Telephone Number Email Address (optional) | 03/24/17 \$10.00 Date of Gift or Bequest Amount/Value* *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00". | |
| Provide a description of the gift or bequest and purpose thereof: "Passenger" DVD for the CCF Movie library. | | |
| Criteria to use this form: Receipt of any gift or bequest that is received by any department of the sta | ate or received by the Governor on behalf of the state. | |
| Statement of Affirmation: Steve Weis affirm that the gift or bequest reported above | is accurate. I further affirm that the information concerning the donor and | |

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| ı, | Steve Weis | affirm that the gift or bequest reported above is accurate. | I further affirm that the information concerning the donor and |
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| a | ssessment of the fair market v | alue (if applicable) is correct and true to the best of my kn | owledge. |

| Cliois | 03/28/17 | |
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| Signature | Date | _ |